

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90053 008 ***150.00

DOCUMENT # P98000054277

1. Entity Name
MONEY MAN MORTGAGE COMPANY



Principal Place of Business
**% ANDREW D. TARR, P.A.
1250 E. HALLANDALE BEACH BLVD, #710
HALLANDALE, FL 33009**

Mailing Address
**% ANDREW D. TARR, P.A.
1250 E. HALLANDALE BEACH BLVD, #710
HALLANDALE, FL 33009**

2. Principal Place of Business

3. Mailing Address

PHILIP BASILE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

19219 CLOISTER LAKE LANE

City & State

City & State

BOCA RATON FL

Zip

Country

Zip

33498

Country

USA

4. FEI Number
65-0858161

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TARR, ANDREW D ESQ.
1909 TYLER ST.
HOLLYWOOD, FL 33020**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering.)

DATE

**FILE NEWBY: FEE IS \$150.00
IF BY MAY 1, 2003 FEE WILL BE \$650.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete

NAME **BASILE, PHIL**
STREET ADDRESS **160 EAST 84TH ST APT 16-G**
CITY-ST-ZIP **NEW YORK, NY 10018**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

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NAME
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Philip Basile

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/03

(212) 519-0209

Date

Daytime Phone #

CR20034 (1/0/02)